



DIVERTED SYNTHETIC OPIOIDS⁺

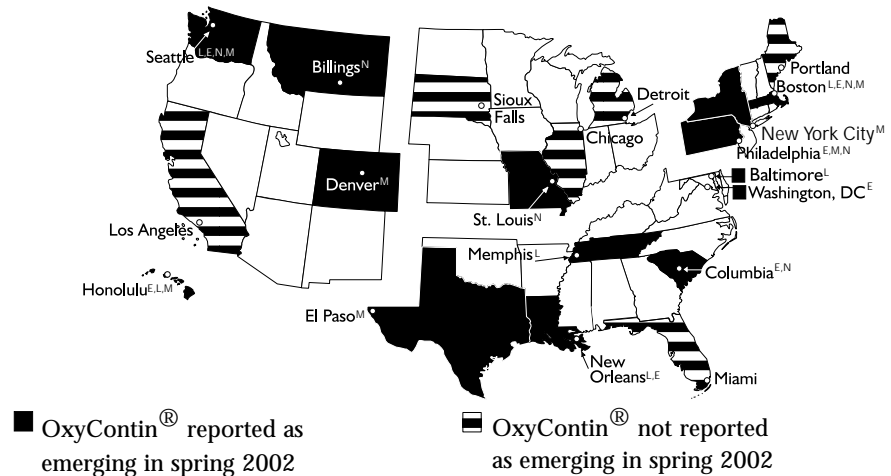
This reporting period marks the third time that *Pulse Check* has monitored the illegal diversion and abuse of synthetic opioids, particularly OxyContin[®] (oxycodone hydrochloride controlled-release), prescribed to patients suffering from severe persistent pain—a legitimate medical need. Some signs indicate that diversion and abuse of this pharmaceutical might have peaked during the last reporting period. For example, two issues ago, the drug was described as an emerging problem by sources in 14 cities; that number increased to 18 cities in the last *Pulse Check*; and it is back down to 14 cities during the current reporting period.

How serious is abuse and diversion of synthetic opioids, and where is the problem emerging across the country? (*Exhibit 1*) Only the Miami law enforcement source considers OxyContin[®] the drug with the most serious consequences in a *Pulse Check* community—a decline from the last *Pulse Check*, when it was also considered the most serious problem in New Orleans and Portland (ME). It does, however, remain the second most serious problem in Portland^M, as well as in Billings^{L,N}, Columbia (SC)^M, El Paso^M, and Honolulu^E.

OxyContin[®] diversion and abuse is described as an emerging problem by law enforcement and epidemiologic/ethnographic sources in 14 cities. The six cities where no sources consider it an emerging problem during this period are Chicago, Detroit, Los Angeles, Miami, Portland, and Sioux Falls.

Exhibit 1.

Where is OxyContin[®] diversion and abuse emerging across the 20 *Pulse Check* cities?



Sources: Law enforcement, epidemiologic/ethnographic, non-methadone and methadone treatment respondents.

Chicago is the only *Pulse Check* city where the drug was not described as an emerging problem during any of the three latest reporting periods. That city's law enforcement source explains that the drug is not encountered on the street, although it has been reported in seizures.

In addition to OxyContin[®], diversion of methadone, another opiate, is reported as an emerging problem in Portland (ME). Diverted hydrocodone (Vicodin[®]) is increasingly available in New Orleans and is increasingly identified in poison control calls in Detroit. Other diverted opiates are becoming problematic in Billings, Boston, Columbia (SC), and Denver.

DIVERTED OXYCONTIN[®]: THE DRUG

How available is diverted OxyContin[®]? (*Exhibits 2 and 3*) Only four sources consider diverted OxyContin[®] widely available, but

more than half of the law enforcement and epidemiologic/ethnographic sources describe it as somewhat available. Availability has remained stable in 13 cities according to half of the sources, has increased in 10 cities according to about one-third of the sources, and has declined in 4 cities according to 4 sources.

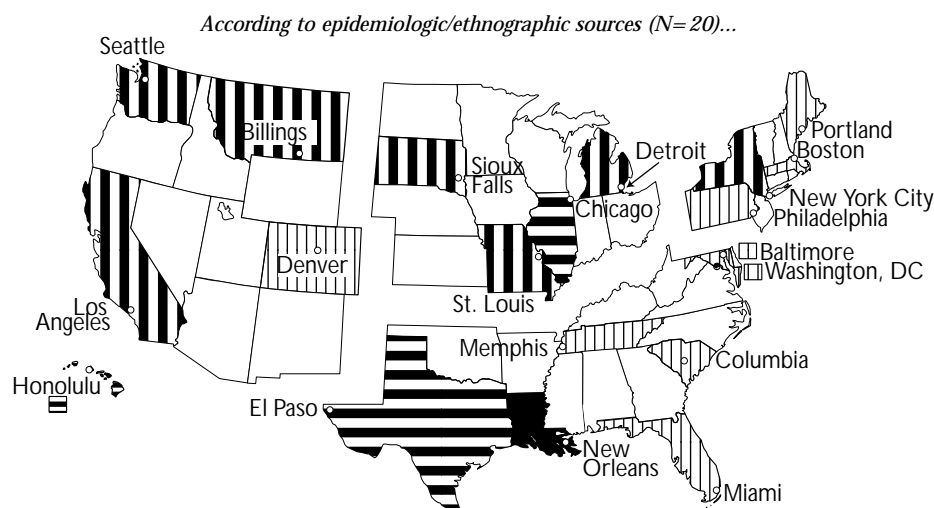
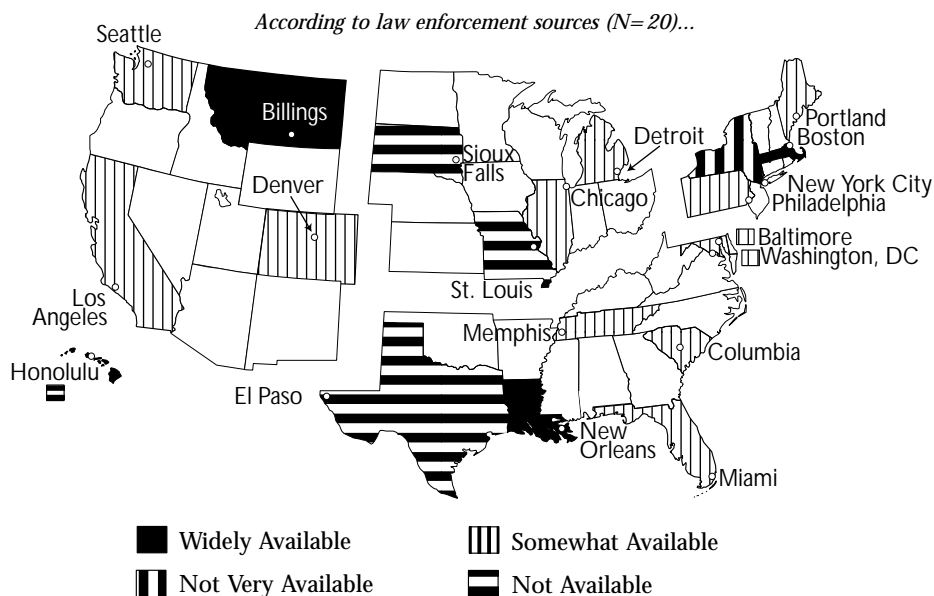
As the arrow exhibit shows, stable trends are particularly evident in the Midwest. The decline in Philadelphia is attributed to a combination of legislation, arrests, education, and press about deaths and arrests. Demand there, however, appears stable at high levels. In Portland (ME), the problem was at its highest point last year. Since then, prescriptions have declined, and pharmacists are not stocking as much. Educating doctors and pharmacists, changes in prescription policies, numerous conferences, and wide press coverage have all made a difference. By contrast, the increase in nearby Boston is evi-

⁺The following symbols appear throughout this chapter to indicate type of respondent: ^LLaw enforcement respondent, ^EEpidemiologic/ethnographic respondent, ^NNon-methadone treatment respondent, and ^MMethadone treatment respondent.



Exhibit 2.

How available is diverted OxyContin® across the 20 *Pulse Check* cities (spring 2002)?



denced by a continued increase in pharmacy robberies. Furthermore, sales there appear more organized than in the past. In Honolulu, law enforcement officials are investigating “bad doctors,” who seem to be writing more prescriptions.

How much does diverted OxyContin® cost? The most common price remains \$1 per mil-

ligram, as reported by sources in Boston^L, Baltimore^L, Denver^E, Detroit^L, Memphis^E, Honolulu^E, and Portland (ME)^E. Since the last *Pulse Check*, the Detroit epidemiologic source reports that the milligram price has increased from \$1 to \$1–\$1.50. Conversely, prices declined in Boston^E (from \$1 to \$0.50–\$1) and Philadelphia^E (from \$1 to \$0.50–\$0.75). Stable prices are reported elsewhere. Other reported

Exhibit 3.

How has diverted OxyContin® availability changed (fall 2001 vs spring 2002)?*

Baltimore, MD^L
Boston, MA^{L,E}
Columbia, SC^{L,E}
Honolulu, HI^{L,E}
Los Angeles, CA^L
Memphis, TN^L
Miami, FL^L
New Orleans, LA^E
New York, NY^L
Seattle, WA^{L,E}

Baltimore, MD^E
Billings, MT^{L,E}
Chicago, IL^E
Denver, CO^{L,E}
Detroit, MI^{L,E}
El Paso, TX^{L,E}
Los Angeles, CA^E
New Orleans, LA^L
New York, NY^E
Philadelphia, PA^E
St. Louis, MO^{L,E}
Sioux Falls, SD^{L,E}
Washington, DC^{L,E}

Memphis, TN^E
Miami, FL^E
Philadelphia, PA^L
Portland, ME^L

*The Chicago law enforcement source and the Portland epidemiologic source did not provide this information.

milligram prices include \$2–\$3 in Billings^L, \$0.50–\$1 in Honolulu^L, and \$1.50–\$2 in Washington, DC^L.

DIVERTED OXYCONTIN®: THE MARKET

How is OxyContin® diverted? Numerous diversion techniques continue: forging, doctoring, or manipulating prescriptions; feigning



Diverted OxyContin® goes by many slang terms...

- **“Oxy” or “oxys”**: The most commonly reported terms
- **“OCs”**: Boston, MA; Billings, MT
- **“Ox”**: Columbia, SC; New Orleans, LA
- **“Os”**: Philadelphia, PA
- **“Oxycotton”**: Columbia, SC
- **“40s” and “80s”**: Miami, FL
- **“Blue” and “valerie”**: Memphis, TN
- **“Cotton”**: St. Louis, MO
- **“Killer”**: A new term in Billings, MT
- **“Pills”**: New Orleans, LA
- **“Rush”**: A new term in Portland, ME

illness, then selling legitimate prescriptions (“doctor shopping”); robbing pharmacies; unscrupulous doctors or other health professionals selling legitimate prescriptions or running pain clinics; and pharmacists or other pharmacy staff committing prescription theft or fraud. The diverted drug sometimes comes into communities from other States or countries. For example, some pills enter Detroit from Indiana and via the Canadian border.

Since the last reporting period, prescription fraud and diversion from pain clinics have been declining in Miami, as authorities have identified and prosecuted physicians. Similarly, in Portland (ME), pharmacy thefts are continuing to decline, despite a recent break-in in the suburbs involving 5,000 doses.

By contrast, in nearby Boston, people are increasingly paying (in money or pills) or duping others into robbing pharmacies for them. The actual

robbers fall into two groups: armed, businesslike professionals; and addicts, “low professionals,” and second stringers. Additionally, a new practice is reported in Boston: swapping sex (with doctors) for prescriptions. An increasing amount of OxyContin® is also being diverted in New York. In Philadelphia, unlicensed pharmacy technicians are becoming an increasing source of diversion. In the West, doctors and pharmacists in Seattle are getting bolder and more active and are increasing in number, so State agencies are increasingly paying attention. Similarly, in Honolulu, prescription fraud is increasingly coming to the attention of authorities.

Who sells diverted OxyContin®? As reported in the last *Pulse Check*, nearly all law enforcement and epidemiologic/ethnographic sources report that sellers of diverted OxyContin® are predominantly independent. Miami and New Orleans remain exceptions, with organized sales structures predominating. Both independent and organized sales are reported in Baltimore and Los Angeles. Sellers tend to be young adults (18–30 years) or adults (>30 years), according to all respondents, with both age groups mentioned an equal number of times, as in the last *Pulse Check*. They are somewhat or very likely to use the drug themselves, according to more than half of responding law enforcement and epidemiologic/ethnographic sources.

These seller characteristics appear relatively stable, with two exceptions: in Boston¹, sellers continue to be increasingly younger; and in Columbia (SC)¹, sellers are now somewhat likely to use their own drug—a change from the last *Pulse*

Check, when they were not at all likely to do so.

What types of crimes are related to diverted OxyContin® sales? Sellers of this diverted pharmaceutical are involved in nonviolent crimes in nine *Pulse Check* cities. Specifically, fraudulent or stolen prescriptions are mentioned in Boston, Columbia (SC) (where this activity is a new development), and Memphis; and robbery, burglary, larceny, and other property crimes are mentioned in Billings, Boston, Baltimore, and New Orleans. Violent crimes are mentioned by law enforcement sources in Boston, Honolulu, Los Angeles, and Portland (ME). Prostitution is mentioned in Baltimore and Billings.

What other drugs are sold by diverted OxyContin® sellers? As reported in the last two *Pulse Checks*, other prescription opiates and heroin are the most common other drugs sold by diverted OxyContin® sellers,

Diverted OxyContin® sellers: A closer look...

- **Boston, MA¹**: One seller group consists of well-armed professionals who rob pharmacies and are in sales strictly for the business. Another group consists of addicts, second stringers, and “low professionals.”
- **Columbia, SC¹**: Diverted OxyContin® is often sold by female senior citizens known as “pill ladies.” Additionally, some users are now beginning to sell the drug.
- **Seattle, WA¹**: Clear and substantiated evidence has emerged during this reporting period that doctors and pharmacists are involved in selling diverted OxyContin®.



according to law enforcement and epidemiologic/ethnographic sources in seven cities (Boston, Columbia [SC], Honolulu, Miami, Philadelphia, Portland [ME], and Washington, DC). Other drugs sold include marijuana and methamphetamine in Billings; cocaine in Boston; crack cocaine in Miami; other prescription pills, such as benzodiazepines or clonidine (Catapres[®]), in Memphis and Washington, DC; and ecstasy and GHB in New Orleans.

Where are diverted OxyContin[®] markets located? Contrary to the widespread belief that OxyContin[®] diversion is a rural phenomenon, law enforcement and epidemiologic/ethnographic sources in eight cities (Billings, Boston, Columbia [SC], Honolulu, Los Angeles, Philadelphia, Portland [ME], and Washington, DC) report that sales occur primarily in central city locations. In another five cities, sources report that markets for the diverted pharmaceutical are located in all types of areas (central city, rural, and suburban). Rural areas are the primary location according to only one source (Detroit¹), the suburbs predominate according to one other source (New Orleans¹), and

Markets in many indoor settings...

Private residences are the most commonly specified indoor sales location. Other examples include the following:

- **Nightclubs and bars:** Memphis, New Orleans, and Philadelphia
- **In or around supermarkets:** Billings, Memphis, and Washington, DC
- **In or near treatment clinics:** Billings, Memphis, Philadelphia, and Washington, DC
- **Cars:** Billings, Memphis, and Portland

both suburban and rural areas are the primary locations according to two sources (Detroit¹ and Memphis¹).

Markets are located predominantly indoors according to sources in eight cities. Both indoor and outdoor sales are reported in six cities. Outdoor sales predominate only in two cities: in Miami, OxyContin[®] is sold on the street in some neighborhoods, such as Liberty City and Little Haiti, sometimes in the same places where crack is sold; similarly, in Washington, DC, open-air markets are located in certain areas. In New York, the drug has not emerged as a street drug at this time: only two incidents of street contacts are reported by street researchers during this reporting period, despite increased emphasis on tracking street activity.

Two changes are reported since the last *Pulse Check*, both in the South. In Memphis, sales had been confined to suburban indoor locations but are now spreading onto the streets. Similarly, in New Orleans, sales are now spreading beyond the housing projects where they were previously confined.

How is diverted OxyContin[®] sold? Sales techniques vary from city to city. Therefore, disrupting the market requires a wide range of strategies. For example, it is particularly difficult to track diversion and make arrests in Boston because dealers do not generally sell diverted OxyContin[®] to people they don't know. Rather, they have a set of customers who page them, tell them what they want, and have the drugs home delivered—similar to transactions in that city involving heroin, powder cocaine, and marijuana. In nearby Portland, diverted OxyContin[®] sales are also similar to

heroin sales, so the two drugs could be targeted with similar disruption strategies. Occasionally, in that city, word gets out quickly when someone has diverted a large amount of OxyContin[®], and users swarm to that individual, creating a disruption opportunity. Elsewhere in the Northeast, in Philadelphia, some users obtain their drug by loitering around treatment centers and homeless shelters, while others get it directly from the diversion source: pharmacies.

Getting the drug directly from pharmacies via forged prescription is also mentioned in the South: in Columbia (SC) and Memphis. In Memphis, however, some of the pills obtained in that manner are also sold on the black market. "Pill houses," or residences where drugs can be obtained, are mentioned in Columbia. In New Orleans, dealers use any means at hand, including cell phones, pagers, private introductions, and hand-to-hand street sales, thereby necessitating multiple disruption strategies. Hand-to-hand transactions predominate in Washington, DC's open-air markets. In the West, hand-to-hand sales and acquaintance networks are reported in Billings. In Honolulu's open-air markets, buyers know who the sellers are. In Los Angeles, some people obtain the drug via message boards on the Internet.

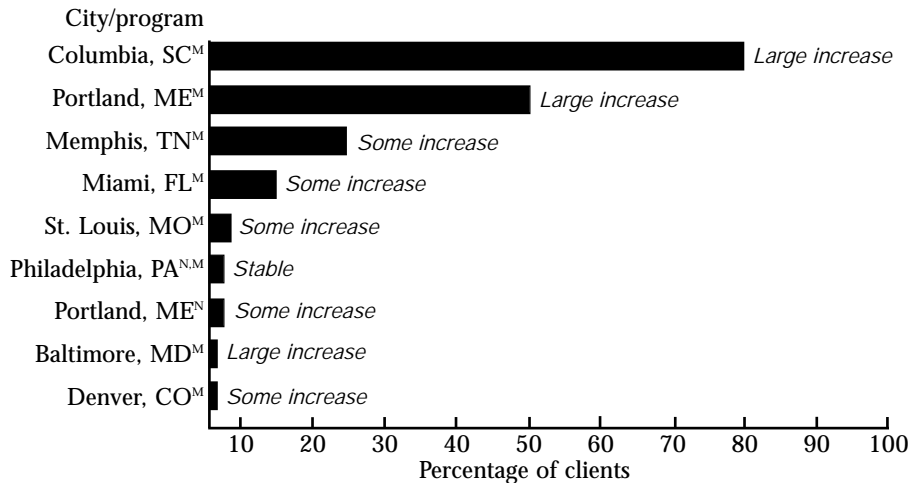
OXYCONTIN[®]: THE ABUSERS

How many OxyContin[®] abusers are in treatment? (*Exhibit 4*) OxyContin[®] is the primary drug of abuse among substantial percentages of clients in several treatment programs in *Pulse Check* sites, particularly in the Columbia (SC) and Portland (ME) methadone programs. It accounts for even higher percentages of clients who report any use (either



Exhibit 4.

Which treatment programs in *Pulse Check* sites have substantial percentages* of clients reporting OxyContin® as their primary drug of abuse? How have those percentages changed (fall 2001 vs spring 2002)?



* 4 percent or more

Sources: Non-methadone and methadone treatment respondents

primary, secondary, or tertiary) in several cities, such as Miami^M (40 percent), St. Louis^M (15 percent), Boston^N (8 percent), Los Angeles^M (4 percent), and—most dramatically—in Memphis^M, where all 300 clients in the program report some use of the drug.

Since the last reporting period, among the treatment programs where abuse of this drug is reported, the number of users has increased substantially in 3, increased somewhat in 16, and remained stable in 10. Additionally, in El Paso, more users of OxyContin® are coming into detox. Those individuals, however, obtain the drug via legal prescriptions. While no treatment sources report declines, the epidemiologic sources in Miami and Washington, DC, do note slight declines in the number of abusers. In Miami, abusers are now more likely to use other types of legal and illegal narcotics, such as heroin, hydrocodone (Vicodin®), or methadone.

Who abuses OxyContin®? In *Pulse Check* cities where the drug is abused, the majority of treatment and epidemiologic/ethnographic sources report that adults older than 30 are the predominant abusers. More than one-third of those sources, however, name young adults (18–30 years) as such, and sources in Columbia (SC)^N and Sioux Falls^E name adolescents. Young adults are reported as an emerging group in nine cities, and adolescents are emerging as a user group in Boston, where the ethnographic source notes that younger siblings of older users are increasingly mixing these pills with alcohol. The Boston non-methadone treatment source adds that youngsters steal the pills from their parents, that they sometimes use guns to obtain the pills from pharmacies, and that they are increasingly involved in overdoses because they don't realize how powerful the drug is, so they take more than one at a time. Eleven sources

provided mean ages, for an average of 33.6 years across sites.

About half of the sources report that males are the predominant abusers, about one-third of them report males and females as equally likely to abuse the drug, and sources in four cities—Denver^M, St. Louis^M, Seattle^{N,M}, and Sioux Falls^E—report that females predominate. Whites predominate in most cities, while low and middle socioeconomic groups are reported about equally.

Abusers reside predominantly in central city areas, according to treatment and epidemiologic/ethnographic sources in 10 of the *Pulse Check* cities—again, dispelling the myth of “hillbilly heroin.” The suburbs are reported as the predominant residence in seven cities. All three geographic locations (central city, suburban, and rural) are reported in Columbia (SC), New Orleans, and Portland (ME); both central city and rural areas are reported in another three cities; and both central city and suburban areas are reported in another three.

Availability is down, but use and consequences are up...

- **Portland, ME^E:** People continue to be introduced to diverted OxyContin® despite lower availability, possibly because they consider it a “higher class” than heroin, which is a more “dirty drug.”
- **Philadelphia, PA^E:** While availability is reported as either down^I or stable^E, mortality and emergency department episodes involving the drug have increased dramatically.



How is OxyContin® taken? Oral use remains the most common route of administration, according to treatment and epidemiologic/ethnographic sources in 13 cities. Injection, however, is reported by sources in four cities (Baltimore^E, Columbia [SC]^M, Honolulu^E, and Washington, DC^E), while both injecting and oral use are equally likely according to sources in another four (Billings^{N,M}, Honolulu^M, Miami^{N,M}, and Seattle^E). Snorting is the predominant route of administration according to sources in Detroit^E, Memphis^M, and Portland (ME)^{N,M}, while both snorting and oral use are equally likely in Philadelphia^M. All three routes of administration are equally likely in the Portland methadone program.

OxyContin® and heroin continue to be used as substitutes for one another, as mentioned in Baltimore^E, Honolulu^M, Miami^E, Philadelphia^N, Portland^{E,N}, and St. Louis^M. The two are also sometimes taken sequentially, as reported in Miami^E and Philadelphia^E. In Miami, some heroin users, primarily younger Black injectors, are switching to OxyContin®, hydrocodone, and methadone.

OxyContin® abusers also frequently take other synthetic opioids, such as hydrocodone, hydromorphone (Dilaudid®), and other forms of oxycodone (Percodan® and Percocet®)—either as substitutes or in combination—as mentioned in Boston^{E,M}, Columbia^E, El Paso^M, Miami^E,

Philadelphia^E, and St. Louis^N. In Boston, many users are switching their primary drug of abuse from Percocet® to OxyContin®.

Benzodiazepines, such as alprazolam (Xanax®) and diazepam, are taken by OxyContin® abusers in several cities: as a substitute in Boston^M; sequentially in Memphis^M and Philadelphia^{E,N}; and in combination in Columbia^M.

Alcohol, marijuana, or both are sometimes taken sequentially with OxyContin®, as reported in Billings^N, Boston^N, Memphis^{E,M}, Philadelphia^{E,N}, and Seattle^N. Crack is taken sequentially with the drug in Philadelphia^E, and methamphetamine is taken either sequentially or as a substitute in Billings^N.